

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| ippropriate. An further cor-<br>indicated unless corrected to<br>maintenance fee notification | below or directed otherwise                                                                                                                       | in Block 1, by (a)                              | of typig a new correspondence addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ss; and/or (b) indicating a sep                                                                                                                                                                                                                                                 | parate "FEE ADDRESS" for                                                                                                                                             |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 75                                                                                            | ŕ                                                                                                                                                 | E DEC                                           | 2 1 2004 Spapers. Each addition have its own certification in the control of the | of mailing can only be used This certificate cannot be used and paper, such as an assignmate of mailing or transmission.  Certificate of Mailing or Transt this Fee(s) Transmittal is being with sufficient postage for final Stop ISSUE FEE addres SPTO (703) 746-4000, on the | nent or formal drawing, must<br>nsmission<br>ng deposited with the United<br>irst class mail in an envelope<br>is above, or being facsimile<br>date indicated below. |
| CHICAGO, IL 606                                                                               | 506                                                                                                                                               |                                                 | Cristine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | M. Noll                                                                                                                                                                                                                                                                         | (Depositor's name)                                                                                                                                                   |
|                                                                                               |                                                                                                                                                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ristice M. N                                                                                                                                                                                                                                                                    | (Signature)                                                                                                                                                          |
|                                                                                               |                                                                                                                                                   |                                                 | December                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 15, 2004                                                                                                                                                                                                                                                                        | (Date)                                                                                                                                                               |
| APPLICATION NO.                                                                               | FILING DATE                                                                                                                                       | FIRST                                           | NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                             | CONFIRMATION NO.                                                                                                                                                     |
| 09/836,719                                                                                    | 09/836,719 04/17/2001                                                                                                                             |                                                 | Hajime Kimura                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SEL 252                                                                                                                                                                                                                                                                         | 8125                                                                                                                                                                 |
| TILE OF INVENTION: EI                                                                         | LECTRONIC DEVICE ANI                                                                                                                              | METHOD OF DRIVE                                 | NG THE SAME! 12/23/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MWOLDGE2 00000072 0983                                                                                                                                                                                                                                                          | 36719                                                                                                                                                                |
|                                                                                               |                                                                                                                                                   |                                                 | , 01 FC:1501<br>02 FC:1504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                 | 1400.00 OP<br>300.00 OP                                                                                                                                              |
| APPLN. TYPE                                                                                   | SMALL ENTITY                                                                                                                                      | ISSUE FEE                                       | PUBLICATION FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                | DATE DUE                                                                                                                                                             |
| nonprovisional                                                                                | · NO                                                                                                                                              | \$1330                                          | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$1630                                                                                                                                                                                                                                                                          | 12/17/2004                                                                                                                                                           |
| EXAMINER                                                                                      |                                                                                                                                                   | ART UNIT                                        | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |
| NELSON, AL                                                                                    | ECIA DIANE                                                                                                                                        | 2675                                            | 345-078000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |
| CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat               | e address or indication of "Fe<br>lence address (or Change of e<br>22) attached.<br>ion (or "Fee Address" Indica<br>or more recent) attached. Use | Correspondence (1) tion form ref                | (1) the name of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Cook, Alex, McFarron Manzo, Cummings & Mehl 2 Ltd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |
| ASSIGNEE NAME AND                                                                             | RESIDENCE DATA TO B                                                                                                                               | E PRINTED ON THE P                              | PATENT (print or type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |
| PLEASE NOTE: Unless recordation as set forth in                                               | an assignee is identified be 37 CFR 3.11. Completion                                                                                              | low, no assignee data vof this form is NOT a su | will appear on the patent. If an assi<br>ibstitute for filing an assignment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ignee is identified below, the                                                                                                                                                                                                                                                  | document has been filed for                                                                                                                                          |
|                                                                                               |                                                                                                                                                   |                                                 | B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |
|                                                                                               | uctor Energy                                                                                                                                      |                                                 | JAPAN ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |
| Labora                                                                                        | tory Co., Ltd.                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |
| ···                                                                                           | <del></del>                                                                                                                                       |                                                 | on the patent) : Definition Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Corporation or other private g                                                                                                                                                                                                                                                  | roup entity Government                                                                                                                                               |
| a. The following fee(s) are a  Issue Fee                                                      | enclosed:                                                                                                                                         |                                                 | ment of Fee(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | analosad                                                                                                                                                                                                                                                                        |                                                                                                                                                                      |
| ☑ Publication Fee (No small entity discount permitted)                                        |                                                                                                                                                   |                                                 | A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |
| Advance Order - # of Copies10                                                                 |                                                                                                                                                   |                                                 | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |
| Change in F-44-64                                                                             | (Constitution in Albert 1.1                                                                                                                       |                                                 | osit Account Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (enclose an extra                                                                                                                                                                                                                                                               | copy of this form).                                                                                                                                                  |
| _ ` .                                                                                         | (from status indicated above MALL ENTITY status. See 1                                                                                            | ' <u> </u>                                      | . Applicant is no longer claiming SM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ALL ENTITY status See 37.0                                                                                                                                                                                                                                                      | CFR 1.27(g)(2)                                                                                                                                                       |
| • •                                                                                           |                                                                                                                                                   |                                                 | ee (if any) or to re-apply any previous anyone other than the applicant; a rece.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |
| Authorized Signature                                                                          | MM/Mly                                                                                                                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ecember 15                                                                                                                                                                                                                                                                      |                                                                                                                                                                      |
| Typed or printed name                                                                         | Mark J. Murph                                                                                                                                     | ıy                                              | Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | on No. 34,225                                                                                                                                                                                                                                                                   |                                                                                                                                                                      |
| his collection of informatio                                                                  | n is required by 37 CEP 1.3                                                                                                                       | 11 The information is a                         | aguired to obtain or ratain a barafit b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | u the muhlie which is to £1- (                                                                                                                                                                                                                                                  | nd by the LICDTO to married                                                                                                                                          |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.